FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E SOROF						
1 File Number U • 9770	2. Fiscal Year Covered From					
7",	0]/01/04 Through. 12/31/04					
3 Name and address of person filing	4 Name, file number, and address of labor organization					
Name PAIL P.EIROPAOLO	Name NY.C. DISTRET COUNCIL OF CARPOTERS					
·	Labor Organization File Number 032982					
P O Box, Bidg., Room No., if any	P O Box, Bullding and Room Number, if any					
Street 1531 Holly www AVE.	Street 395 Hudsow ST.					
City Branch	City MANATON					
State New York ZIP Code + 4 10461	State New York ZIP Code + 4 10014					
5 Position in labor organization Collect. & Clerk						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except an specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6 Name and address of Employer (including trade name, if any).	7 a Nature of Interest, Transaction, or Income.					
Name WAII - Ceiling - CARRATIN INDISTA	BARBECUE AT WOSTbury MAROR					
Trade Name, If any						
P O Box, Bldg., Room No , if any						
Street	7 b Amount.					
City	96.00					
State ZIP Code + 4						
Signature						
Sign	ature					
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the					

Part 8

Name of Reporting Employer. Industry Proportional Fund for the File Number E-							
wall-certing & Carpentry Industry							
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.6	ITEM 6.c	ITEM 8.d 🔲	ITEM 8.9 □	TEM 8.4	
9.a. Agreement Payment Both			9 c. Position in labor organization or with employer (if an independent labor consultant, so state). Union Employee				
b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.		Name and address of firm or labor organization with whom employed or affiliated.					
Name Paul Pietroposio			NYC District Council of Carpenters				
PO Box, Building and Room Number, If any		P.O. Box, Buildin	g and Room Numbe	r, if any	g		
Street		Street Same	<u> </u>	. '			
Street 395 Hudson Street		City			• •		
CIN New York	ZIP Code + 4	11753	Side (17 3 mm mm - mm - mm - mm - 18 6 - mm	ZIP Code +	4	
10.s. Date of the promise, agreement,			10.b. The promise, ag	reement, or anangem	ert was:	•	
which payments or expenditures were agreed to or made.		Minten* ☐ Beth					
08/17/04			rents entered into durk	رين دي. Yj the fiscal year must	be etteched.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy)	11.b. Amount of expend		11.c. Kind of each payment or	payment or exper	diture (Specify who in cash or property	ether y)	
08/17/04	96	.00	Rat	becne at V	estbury Mar	or	
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40 Eminis fulls the commence of all annual							
12. Explain fully the circumstances of all payme	nis, including the term	ns of any drail agreen	fent or understanding p	Present to which they	were made.	i	
An annual event at	which labor	r and mana	g ene nt meet	to discus	ways and	means !	
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to advance the industry.							
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